

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011279

1305

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

FILED MAR 26 1962

VS 300
Rev. 4/59

DATE AMENDED

3.15.62

7 never married

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF *Enforcement* DOCUMENT

MEDICAL CERTIFICATION

L. Dwyer

H. Burial

3-5-62

Memorial Park

Kansas City, Mo.

Freeman Mortuary, Kansas City, Mo.

3-5-62

Ruth Long

1-18-1913

March 2, 1962

Neodesha, Kansas

U. S. A.

William J. Rath

Lula M. Master

Mrs. Lula Rath

Kansas City, Mo.

unknown

Christian Scientist

Christian Science Practitioner

White

Male

Never Married

16 Years

Kansas City

Jackson

Missouri

1112 East Armour Blvd.

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March 2, 1962

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clayton K. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

IF ANYONE CONFIRMING EMBALMER WILL NOT BE SIGNED, THIS FORM WILL BE RETURNED TO THE ISSUING OFFICE.